

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2001Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)**Open to Public
Inspection**

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, OR tax year beginning**, and ending****B Check if applicable**☐ Address change☐ Name change☐ Initial return☐ Final return☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type
See
Specific
Instruc-
tions**C Name of organization**

THE HERMITAGE NO-KILL CAT SHELTER

Number and street (or P O box if mail is not delivered to street address)

P O BOX 13508

City or town

TUCSON

State or country

AZ

Room/suite

ZIP + 4

85732-3508

D Employer identification number

86-0213263

E Telephone number

(520) 323-1932

F Accounting method☒ Cash ☐ Accrual
☐ Other (specify)**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable
trusts must attach a completed Schedule A (Form 990 or 990-EZ)****H and I are not applicable to section 527 organizations****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes" enter number of affiliates**H(c)** Are all affiliates included? ☐ Yes ☐ No

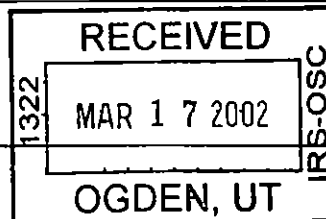
(If "No" attach a list. See instructions.)

H(d) Is this a separate return filed by an organi-
zation covered by a group ruling? ☐ Yes ☒ No**I Enter 4-digit GEN****M Check** ☒ if the organization is not required
to attach Sch. B (Form 990, 990-EZ, or 990-PF)**J Organization type** (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**K Check here** ☐ if the organization's gross receipts are normally not more than \$25,000. The
organization need not file a return with the IRS, but if the organization received a Form 990 Package
in the mail, it should file a return without financial data. Some states require a complete return.**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12

249,209

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

SCANNED APR 15 2002	1	Contributions, gifts, grants, and similar amounts received	1a	222,077	1d	222,077
	a	Direct public support	1b		2	
	b	Indirect public support	1c		3	
	c	Government contributions (grants)			4	
	d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)			5	6,576
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			6a	
	3	Membership dues and assessments			6b	
	4	Interest on savings and temporary cash investments			6c	0
	5	Dividends and interest from securities			7	
	6a	Gross rents				
	b	Less rental expenses				
	c	Net rental income or (loss) (subtract line 6b from line 6a)				
7	Other investment income (describe _____)					
R e v e n u e	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	2,371	IR SO S
	b	Less cost or other basis and sales expenses	8b	3,000		
	c	Gain or (loss) (attach schedule)	0	8c	-629	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	-629	
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ _____ 12,997 of contributions reported on line 1a)	9a	12,997		
	b	Less direct expenses other than fundraising expenses	9b	6,039		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c	6,958	
	10a	Gross sales of inventory, less returns and allowances	10a	5,188		
	b	Less cost of goods sold	10b	1,889		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c	3,299	
	11	Other revenue (from Part VII, line 103)			11	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	238,281	
Ex- pen- ses	13	Program services (from line 44, column (B))		13	243,111	
	14	Management and general (from line 44, column (C))		14	19,595	
	15	Fundraising (from line 44, column (D))		15	0	
	16	Payments to affiliates (attach schedule)		16		
	17	Total expenses (add lines 16 and 44, column (A))		17	262,706	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	-24,425	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	471,072	
	20	Other changes in net assets or fund balances (attach explanation)		20		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	446,647	



Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$)	0			
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc	0			
26	Other salaries and wages	83,578	73,578	10,000	
27	Pension plan contributions	0			
28	Other employee benefits	4,374	4,374		
29	Payroll taxes	9,539	8,839	700	
30	Professional fundraising fees	0			
31	Accounting fees	3,062		3,062	
32	Legal fees	0			
33	Supplies	4,597	3,633	964	
34	Telephone	3,298	3,298		
35	Postage and shipping	1,703	1,403	300	
36	Occupancy	8,389	8,389		
37	Equipment rental and maintenance	0			
38	Printing and publications	1,650	850	800	
39	Travel	2,219	2,019	200	
40	Conferences, conventions, and meetings	1,657	1,657		
41	Interest	0			
42	Depreciation, depletion, etc (attach schedule)	0			
43a	Other expenses not covered above (itemize) a Insurance	4,349	3,849	500	
43b	b Supplies, vet care, medicine, and food for animals	112,005	112,005		
43c	c Trap, neuter and return \$12,029 Contrib \$1001	13,030	12,029	1,001	
43d	d Bank charges \$1265 Repairs/maintenance \$ 5307	6,572	5,307	1,265	
43e	e Gifts for volunteers \$803 Yard work \$ 1045	1,848	1,045	803	
43f	f Miscellaneous other	836	836		
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	262,706	243,111	19,595	0

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$, (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments

(See Specific Instructions on page 24.)

What is the organization's primary exempt purpose?

PROVIDE CARE/SHELTER TO SICK AND ABANDONED CATS

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

a	PROVIDE CARE/SHELTER TO SICK AND ABANDONED CATS	
	(Grants and allocations \$)	241,092
b		
	(Grants and allocations \$)	
c		
	(Grants and allocations \$)	
d		
	(Grants and allocations \$)	
e	Other program services (attach schedule)	(Grants and allocations \$)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	241,092

Part IV Balance Sheets

(See Specific Instructions on page 24.)

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
Assets				
45	Cash - non-interest-bearing	72,259	45	42,191
46	Savings and temporary cash investments	102,220	46	133,814
47a	Accounts receivable			
b	Less allowance for doubtful accounts		47c	0
48a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	0
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	0
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	68,775	54	43,327
55a	Investments - land, buildings, and equipment basis	229,494		
b	Less accumulated depreciation (attach schedule)	0	55c	229,494
56	Investments - other (attach schedule)	0	56	0
57a	Land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		57c	0
58	Other assets (describe <u>DEPOSITS</u>)	935	58	935
59	Total assets (add lines 45 through 58) (must equal line 74)	471,264	59	449,761
Liabilities				
60	Accounts payable and accrued expenses		60	
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe <u>WITHHELD PAYROLL TAXES</u>)	192	65	3,114
66	Total liabilities (add lines 60 through 65)	192	66	3,114
Net Assets or Fund Balances				
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	471,072	67	446,647
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings endowment accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72)	471,072	73	446,647
74	Total liabilities and net assets/fund balances (add lines 66 and 73)	471,264	74	449,761

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return
(See Specific Instructions, page 26.)

a Total revenue, gains, and other support per audited financial statements	a N/A	
b Amounts included on line a but not on line 12, Form 990		
(1) Net unrealized gains on investments \$		
(2) Donated services and use of facilities \$		
(3) Recoveries of prior year grants \$		
(4) Other (specify)		
\$		
Add amounts on lines (1) thru (4)	b	0
c Line a minus line b	c	
d Amounts included on line 12, Form 990 but not on line a		
(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify)		
\$		
Add amounts on lines (1) and (2)	d	0
e Total revenue per line 12, Form 990 (line c plus line d)	e	0

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total expenses and losses per audited financial statements	a N/A	
b Amounts included on line a but not on line 17, Form 990		
(1) Donated services and use of facilities \$		
(2) Prior year adjustments reported on line 20, Form 990 \$		
(3) Losses reported on line 20 Form 990 \$		
(4) Other (specify)		
\$		
Add amounts on lines (1) thru (4)	b	0
c Line a minus line b	c	
d Amounts included on line 17 Form 990 but not on line a		
(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify)		
\$		
Add amounts on lines (1) and (2)	d	0
e Total expenses per line 17, Form 990 (line c plus line d)	e	0

Part V List of Officers, Directors, Trustees, and Key Employees

(List each one even if not compensated, see Specific Instructions on page 26.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Dave Apgar	President			
4381 W Camino De Venias, Tucson, AZ 85745	2	0	0	0
Dot Jones	Vice President			
625 North Norton, Tucson, AZ 85719	2	0	0	0
Ruth Nichols	Correspond Sec			
8052 E Estes Lane, Tucson, AZ 85710	5	0	0	0
Karen Hobbie	Recording Sec			
1489 E Tascal Loop, Tucson, AZ 85737	2	0	0	0
Barbara Johnson	Treasurer			
11000 E Calle Vaqueros, Tucson, AZ 85748	3	0	0	0
Petra Harkins	Director			
4834 No Territory Loop, Tucson, AZ 85750	1	0	0	0
Andrew Greeley	Director			
2150 So Roberto Place, Tucson, AZ 85710	1	0	0	0
Kathrina Albig	Director			
4229 No Rio Cancion #111, Tucson, AZ 85718	1	0	0	0
Patty Furman	Director			
10533 No Gila Road, Tucson, AZ 85742	1	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

☐ Yes☒ No

If "Yes," attach schedule - see Specific Instructions on page 27

Part VI Other Information

(See Specific Instructions on page 27.)

		Yes or No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	No
78a	Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return?	No
78b	If "Yes," has it filed a tax return on Form 990-T for this year?	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	No
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt	
81a	Enter direct or indirect political expenditures. See line 81 instructions	
b	Did the organization file Form 1120-POL for this year?	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	No
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	Yes
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	Yes
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A
c	Dues, assessments, and similar amounts from members	
d	Section 162(e) lobbying and political expenditures	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	
b	Gross receipts, included on line 12, for public use of club facilities	
87	501(c)(12) orgs. Enter a Gross income from members or shareholders	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	No
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 _____, section 4912 _____, section 4955 _____	
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	
d	Enter Amount of tax on line 89c above, reimbursed by the organization	
90a	List the states with which a copy of this return is filed <u>ARIZONA</u>	
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions.)	6
91	The books are in care of <u>PAUL LARSON CPA P C</u> Telephone no. <u>(520) 323-1932</u> Located at <u>4400 E BROADWAY STE 707 TUCSON, AZ</u> ZIP + 4 <u>85711-3555</u>	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	

Part VII Analysis of Income-Producing Activities

(See Specific Instructions on page 32.)

Note Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	6,576	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add cols (B), (D), and (E))		0		6,576	0
105 Total (add line 104, columns (B), (D), and (E))					6,576

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

(See Specific Instructions on page 32.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(See Specific Instructions on page 33.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please

WILSON, TREASURER

Date

3/8/02

(Form 990 or 990-EZ)

Supplementary Information - (See separate instructions)

2001

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number

86-0213263

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Not Applicable				
Total number of other employees paid over \$50,000				

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000		(b) Type of service	(c) Compensation
Encanto Pet Clinic, 4340 E Broadway, Tucson, AZ		Vet services	58,881
Total number of others receiving over \$50,000 for professional services			

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5** ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state _____
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b** ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12** ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions- subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting

NOTE You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	184,444	203,147	146,474	91,304	625,369
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	38,021	12,842			50,863
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	8,104	7,897	23,115	15,152	54,268
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
23 Total of lines 15 through 22	230,569	223,886	169,589	106,456	730,500
24 Line 23 minus line 17	192,548	211,044	169,589	106,456	679,637
25 Enter 1% of line 23	2,306	2,239	1,696	1,065	

26 Organizations described on lines 10 or 11**a** Enter 2% of amount in column (e), line 24**26a** 13,593**b** Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.**26b****c** Total support for section 509(a)(1) test. Enter line 24, column (e)**26c** 679,637**d** Add: Amounts from column (e) for lines 18 54,268 19 0
22 0 26b 0**26d** 54,268**e** Public support (line 26c minus line 26d total)**26e** 625,369**f** Public support percentage (line 26e (numerator) divided by line 26c (denominator))**26f** 92.02%**27 Organizations described on line 12****a** For amounts included in lines 15, 16, and 17 that were received from a

"disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.

(2000) n/a (1999) n/a (1998) n/a (1997) n/a**b** For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

(2000) _____ (1999) _____ (1998) _____ (1997) _____

c Add: Amounts from column (e) for lines 15 0 16 0
17 0 20 0 21 0**27c** 0**d** Add: Line 27a total 0 and line 27b total 0**27d** 0**e** Public support (line 27c total minus line 27d total)**27e** 0**f** Total support for section 509(a)(2) test. Enter amount from line 23, column (e)**27f** 0**g** Public support percentage (line 27e (numerator) divided by line 27f (denominator))**27g** n/a**h** Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))**27h** n/a**28 Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000

prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire

(See page 7 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a if the organization belongs to an affiliated group Check ☐ b if you checked a and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38 0	0
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40 0	0
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is -		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42 0	0
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43 0	0
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44 0	0

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4 - Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Income item not on tax return		Total:	0
1	The Shelter records on its financial statements unrealized gain or loss on securities that it has not sold or	1	
2	exchanged In the calendar year 2001 the amount of unrealized loss recorded was \$ 629	2	
3		3	
4		4	
5		5	